

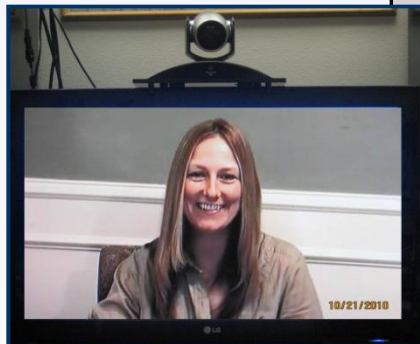
Using Telehealth to Improve Healthcare for Rural Arizonans

**Nancy Rowe, Director of Telemedicine
Northern Arizona Regional
Behavioral Health Authority**

Telehealth Business Considerations

Telehealth Drivers

- Access to care for rural patients
- Improved care
- Time & cost savings
- Recruit & retain physicians



Business Plan

Who, What, When, Where, Why ... and How

- Why start a telehealth program? How will it provide a solution or improvement?
- What are the goals and objectives?
- What are the strengths, weaknesses, opportunities, threats?
- Who are the key players and telehealth champions?
- Who are the customers and What are their needs/demands?
- When and Where will services be delivered?
- How will services be delivered & reimbursed?

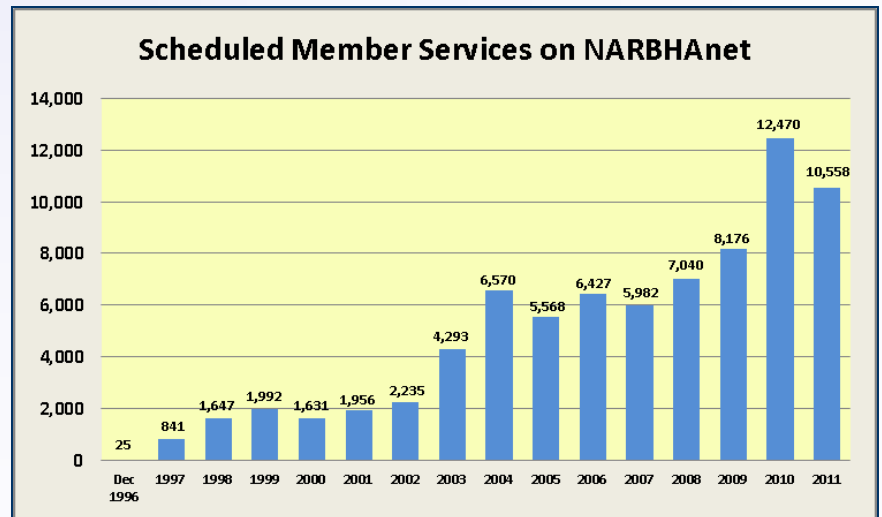
Business Plan, cont.

- **How will the program be set up?**
 - monitoring & benchmarks
 - technical needs
 - marketing plan
 - technical plan (should support, not drive)
 - regulatory environment: credentialing & privileging, licensure, malpractice insurance, security & privacy, reimbursement
 - management plan
 - financial plan: revenue, expenses, break-even analysis, ROI
 - training & testing
 - operations plan
 - evaluation, feedback, refinement

Sustainability

How will your program survive and grow?

- 1. Revenue Generation: contracts/grants, clinical revenue, user/membership fees, etc.**
- 2. Expense Reduction: patient/inmate transport, travel expenses, CME cost decreases**
- 3. “Cost Center”:
Subsidized by parent org., with perceived benefits justifying cost**
- 4. Hybrid**



Thanks to Gail Barker, Arizona Telemedicine Program

Reimbursement: Medicare

- July 2012: CMS proposed expansion to cover some SA screening, assessment & intervention; depression screening; some behavioral counseling
- Medicare pays for specific services, with limitations:
 - Real-time, interactive only
 - Pt. must be @ eligible geographical area: Rural HPSA or county outside Metropolitan Statistical Area
 - Pt. must be @ eligible originating site: FQHC, RHC, CMHC, hospital, CAH, provider's office, skilled nursing facility
 - Practitioners: physicians, NPs, PAs, nurse midwives, Clinical Nurse Specialists, CPs & CSWs, dietitians/ nutrition professionals
- Facility fee for originating site

Reimbursement: Medicaid

- **Varies widely by state**
- **At least 39 states allow for at least some reimbursement for telehealth services**
- **Arizona AHCCCS**
 - **Covers medically necessary services via telemed**
 - **Real-time and store-and-forward**
 - **Behavioral health services covered for Title XIX and Title XXI recipients**
 - **Pt.'s doc, case manager, BHP, or telepresenter must be present with Pt. for real-time behavioral health services**
 - **“GT” modifier must be used**

Reimbursement: Private Payers

- 15 states require private payers to pay for telehealth services: CA, CO, GA, HI, KY, LA, MD, ME, MI, NH, OK, OR, TX, VA, VT
- Not all require reimbursement rates on par with face-to-face services
- No universal definition of “telehealth services”
- ATA offers panels, presentations on how to approach private payers & how private payers determine whether to reimburse

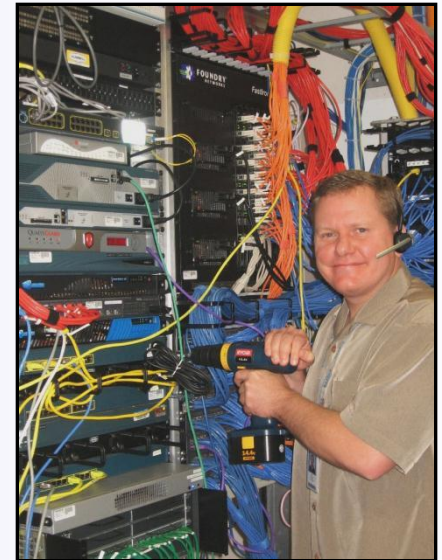
Staffing

Telemed specialists



Providers

IT/network

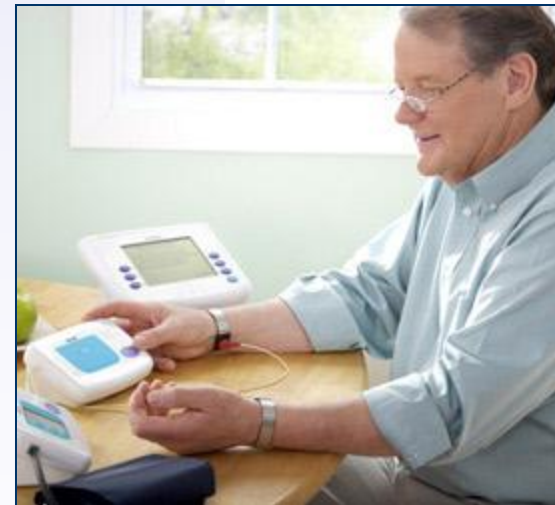
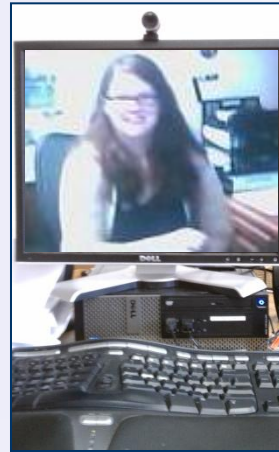


Clinicians @ patient end



Training

Facilities & Equipment



Business Continuity / DR

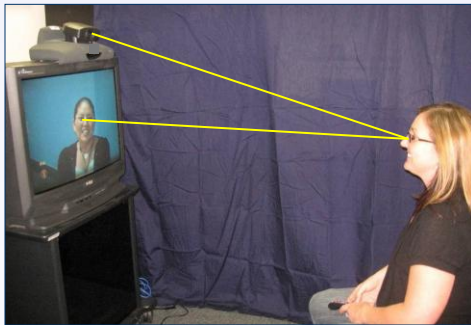
How do you keep patient services up?

- **Fire drills?**
- **Connection failure?**
- **Hub gear failure?**
- **Power outages?**
- **Headquarters temporarily unavailable?**
- **Endpoint failure (either end)?**
- **Data center demolished?**
- **User error?**



SOPs

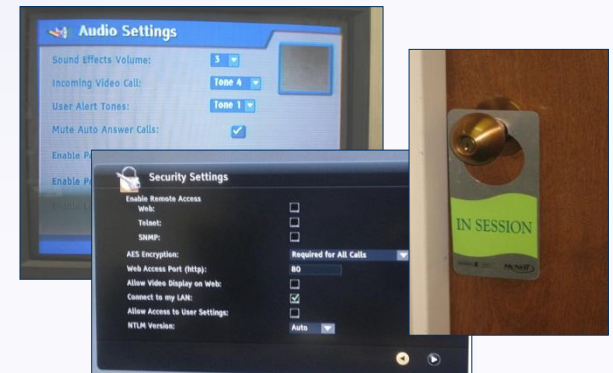
- See standards & guidelines from ATA & professional organizations
- Establish clinical telemedicine policies:
 - Privacy, security, call quality, patient orientation, clinical record-keeping, prescribing, appropriate telemedicine services, licensure, credentialing, etc.
- Practitioner training:



Proper gaze angle



Poor call quality

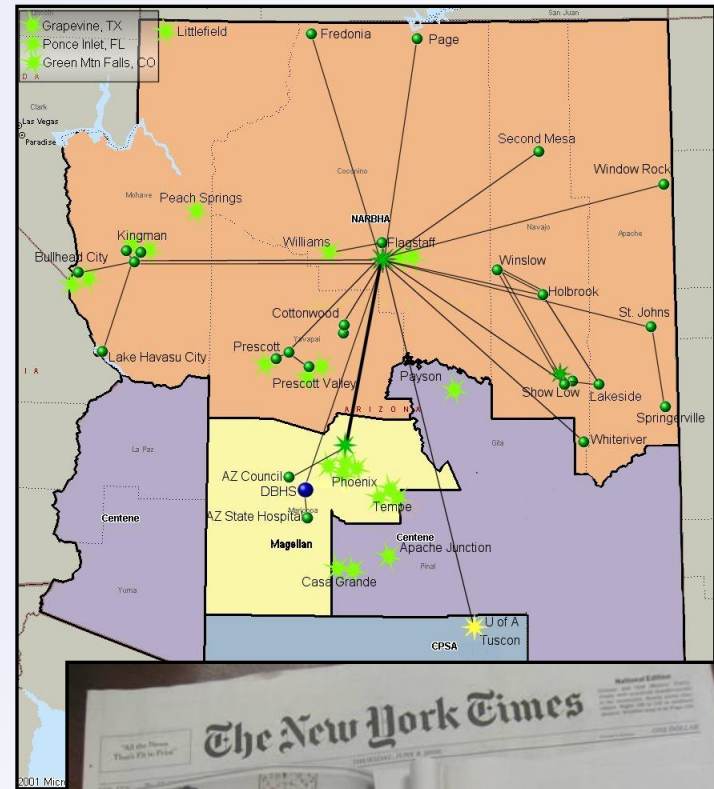


Security & Privacy

Some Model Arizona Telehealth Programs

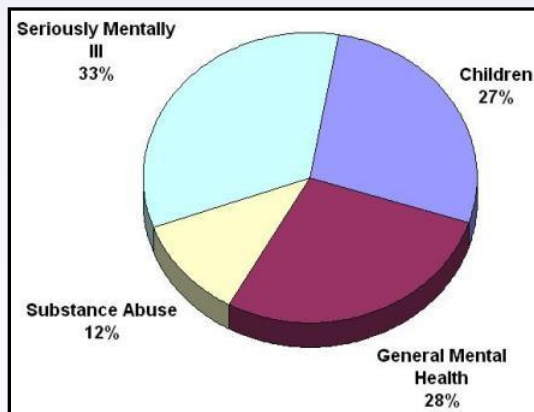
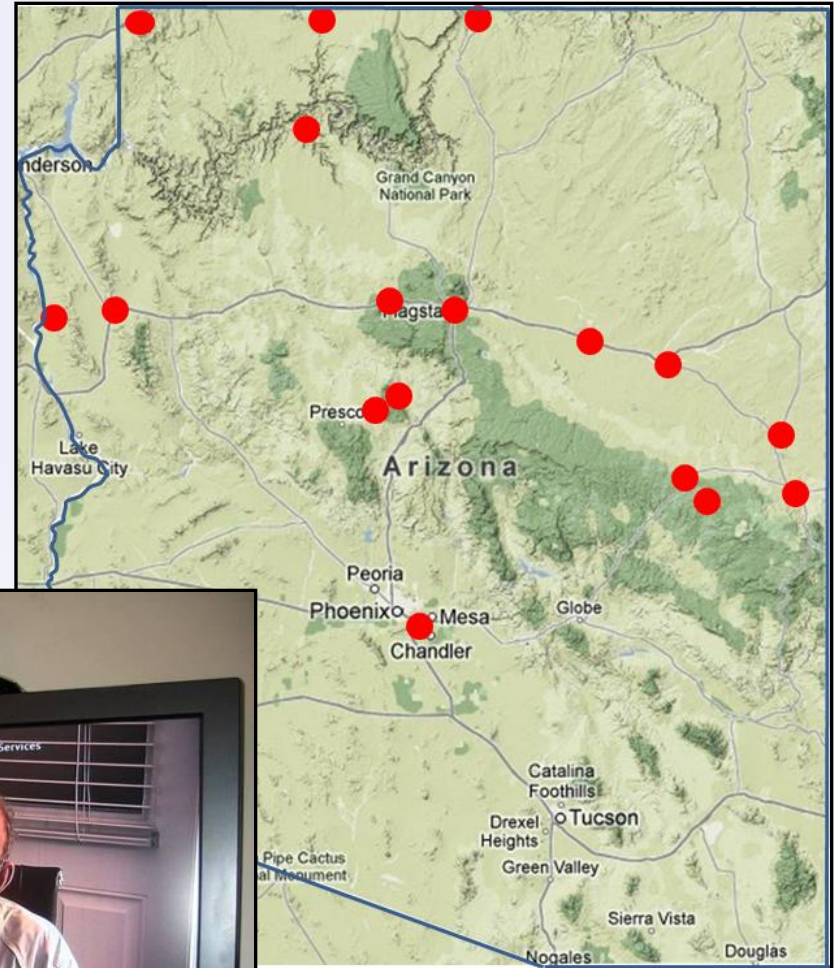
NARBHA

- Nonprofit MCO
- RBHA serving 5 northern counties
- 54.4% of AZ area, 11% of AZ population
- All a Mental HPSCA
- 1996: established NARBHAnet
 - Now 80 endpoints
 - > 83,000 doctor-patient sessions



NARBHAnet Clinical Activity

- Pts. seen regularly at 20 NARBHAnet clinics / inpatient facilities
- 17 providers in AZ and 4 other states



NARBHAnet Psychiatric Services

- Complete psychiatric evaluations & follow-ups
- Intake assessments
- Med management
- 3-way inpatient staffings (psychiatrist, clinician at patient's home clinic, inpatient staff)
- Emergency & commitment evaluations
- Title 36 commitment hearings with judge



NARBHAnet AIMS Testing



NARBHAnet Clinical Services

- Family involvement in patient treatment (when patients are placed out of the home)
- Child and Family Team meetings
- Detention evaluations for county jails
- Specialty consultations (State Hospital neuropsychiatrist, child psych., U of A)
- ASL interpreter for clinical sessions



Other NARBHAnet Uses

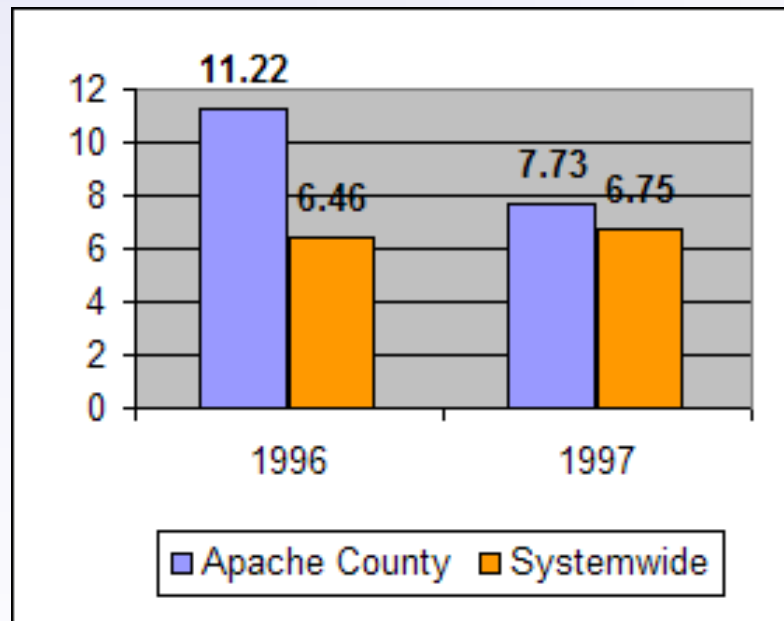
- Meetings & Trainings: 3,826 meetings CY 2011
- Clinical Supervision
- CMEs including U of A Psychiatric Grand Rounds



Outcomes: Inpatient Days

Apache County vs. entire NARBHA system before & after telemed implementation in Apache County:

**1996 (before telemed) vs. 1997 (after telemed)
Average Inpatient Days (Per 1000 Patients per Month)**

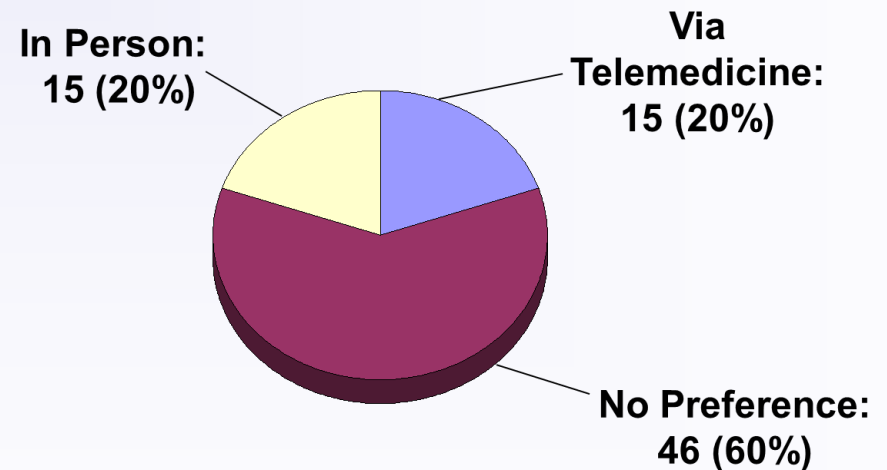
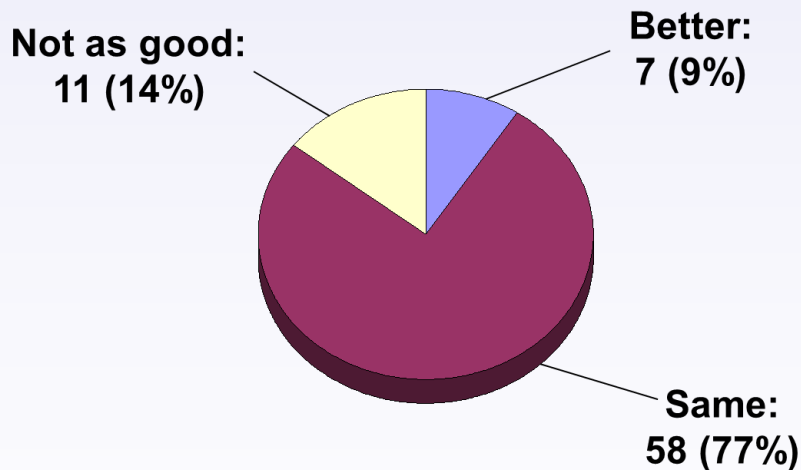


Outcomes: Patient Satisfaction

2007: 10-Year Pt. Survey in Apache County

86% said quality of care over telemed is same as or better than in person.

80% either had no preference or prefer to see their psychiatric provider via telemed.



NARBHAnet Savings

2010 Psychiatric Providers Only:

- Increased efficiency (patient services vs. driving)
- Saved >176,700 miles of driving and >3,185 hours of drive time by 20 providers
- Allowed 2,593 more patient services
- Saved \$305,994 in salaries for drive time
- Saved \$178,413 in travel expenses (gas, food, lodging, etc.)
- Cut 71.4 tons of CO₂ emissions (30 years of Prius driving)



NARBHA *Recover Wellness*

- **Expand and integrate care for mental health and chronic conditions in a Recovery-informed, person-centered, multidisciplinary team model**
 - **On-site primary care at mental health service sites**
 - **Care management teams for high risk patients to plan, access and coordinate services across physical & behavioral health providers**
 - **Use of Stanford Chronic Disease Self-Management Program; peer recovery specialists are the lay leaders**
 - **Use NARBHAnet for team meetings & patient care, including home telehealth/remote monitoring**
- **FY13 Community Reinvestment Grants for providers achieving early goal implementation**

Flagstaff Medical Center

Care Beyond Walls & Wires

- mHealth care delivery & coordination model pilot
- Partnership: Qualcomm, FMC, NIH, Zephyr Inc. & Verizon
- > 26 pts. w/ CHF followed by chronic disease Care Coordination RN; pt. volume increasing weekly
- Pt. tools: Smartphone w/ broadband access plan, weight scale, BP monitor, pulse oximeter, all Bluetooth w/ auto downloads to database
- HIPAA / HITECH compliant



Photo by Linda Kor, Arizona Journal

Flagstaff Medical Center

Care Beyond Walls & Wires

- Pt. instruction on disease process, meds, diet, exercise, monitoring
- FMC is hub telemed site
- Pt. satisfaction & quality of life surveys: 2nd qtr. results excellent

FMC also has tele-stroke & tele-neurology programs w/ 24-hour access to Mayo Clinic specialists



(AP Photo/
Felicia Fonseca)



(AP Photo/Felicia Fonseca)

North Country HealthCare

- 20 telemed units in rural clinics
- Programs in Hepatitis C, HIV/AIDS, dermatology
- New School-Based Health Center mobile clinic started July 2012
 - 2-exam-room clinic on wheels
 - NPs
 - Uses NCHC's EHR
 - Wireless telemed technology for consults w/ physicians



Credit Sierra Eckert, KNAU

Telehealth Resources

Resources: People

- **Janet Major**, Associate Director, Facilities, Arizona Telemedicine Program; Distance Learning Outreach Coordinator, Bio-Communications, AZ Health Sciences Center, 520-626-0131, jmajor@telemedicine.arizona.edu
- **Nancy Rowe**, Director of Telemedicine, 928-214-2163, nancy.rowe@narbha.org, www.rbha.net
- **Gigi Sorenson**, RN, MSN, Director, Clinical Specialty Programs, Flagstaff Medical Center, 928-214-2767, gigi.sorenson@nahealth.com



Image Source: Flagstaff Business News

Resources

ATA: www.americantelemed.org

- Special Interest Groups
- Member forums
- Webinars, courses
- Business resources:
 - business plan template
 - break-even analysis calculator
 - ROI info
 - Reimbursement info
- Public policy info
- ATA Wiki: www.ATAwiki.org



Resources

Telehealth Resource Centers

- OAT-funded
- Southwest TRC is part of the Arizona Telemedicine Program: <http://www.southwesttrc.org/>
- Advice, training, TA, tools, resources, program development, evaluation, sustainability, equipment recommendations, etc.



Resources

- NARBHAnet: www.rbha.net
- NARBHA “Telepsychiatry Basics” online training:
<http://www.rbha.net/TelepsychiatryBasics.html>
- ATP: <http://www.telemedicine.arizona.edu/app/>
- Telemental Health Guide (UC Denver):
<http://www.tmhguide.org/>
- Universal Service/Rural Health Care:
<http://www.usac.org/rhc/>
- Center for Telehealth & e-Health Law: www.ctel.org



Resources

- CMS Medicaid info: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>
- CMS Medicare fact sheet: <http://www.telemedicine.com/pdfs/TelehealthSrvcsfctsht.pdf>
- APA telehealth reimbursement practice update: <http://www.apapracticecentral.org/update/2011/03-31/reimbursement.aspx>
- APA resources for psychologists: <http://www.apapracticecentral.org/update/2010/08-31/telehealth-resources.aspx>

Q&A